

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

Application or Docket Number

09/766652

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     |               |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 11 minus 20 = | *                        |
| INDEPENDENT CLAIMS               | 3 minus 3 =   | *                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

|           |        |           |        |
|-----------|--------|-----------|--------|
| RATE      | FEES   | RATE      | FEES   |
| BASIC FEE | 355.00 | BASIC FEE | 710.00 |
| X\$ 9=    |        | X\$18=    |        |
| X40=      |        | X80=      |        |
| +135=     |        | +270=     |        |
| TOTAL     |        | TOTAL     |        |

CLAIMS AS AMENDED - PART II

(Column 1) 19-22-04 (Column 2) (Column 3)

| AMENDMENT A                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|---|-------|---|------------------|
|  |   |   |       |   |                  |
| Total  | * | 11  | Minus | ** 20                                       | = 1              |
| Independent                                    | * | 3   | Minus | *** 3                                       | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |       | <input type="checkbox"/>                    |                  |

OTHER THAN  
SMALL ENTITY OR SMALL ENTITY

|                  |                        |                  |                        |
|------------------|------------------------|------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE             | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | X\$18=           |                        |
| X40=             |                        | X80=             |                        |
| +135=            |                        | +270=            |                        |
| TOTAL ADDIT. FEE |                        | TOTAL ADDIT. FEE |                        |

| AMENDMENT B                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|---|-------|---|------------------|
|  |   |   |       |   |                  |
| Total  | * |   | Minus | **  | =                |
| Independent                                    | * |   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |       | <input type="checkbox"/>                    |                  |

|                  |                        |                  |                        |
|------------------|------------------------|------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE             | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | X\$18=           |                        |
| X40=             |                        | X80=             |                        |
| +135=            |                        | +270=            |                        |
| TOTAL ADDIT. FEE |                        | TOTAL ADDIT. FEE |                        |

| AMENDMENT C                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|---|-------|---|------------------|
|  |   |   |       |   |                  |
| Total  | * |   | Minus | **  | =                |
| Independent                                    | * |   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |       | <input type="checkbox"/>                    |                  |

|                  |                        |                  |                        |
|------------------|------------------------|------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE             | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | X\$18=           |                        |
| X40=             |                        | X80=             |                        |
| +135=            |                        | +270=            |                        |
| TOTAL ADDIT. FEE |                        | TOTAL ADDIT. FEE |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.